

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 09, 2001 08:00 AM****Secretary of State****DOCUMENT # A95000000342**1. Entity Name
DEARDOFF LIMITED

Principal Place of Business	Mailing Address
509 EAST NASA BLVD.	509 EAST NASA BLVD.
MELBOURNE FL 32901	MELBOURNE FL 32901

2. Principal Place of Business	3. Mailing Address
509 EAST NASA BLVD.	509 EAST NASA BLVD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State	City & State
MELBOURNE FL	MELBOURNE FL
Zip	Country
329011943	US

4. FEI Number	Applied For
59-3347927	Not Applicable

5. Certificate of Status Desired	☒ \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DEARDOFF R. BRUCE 509 EAST NASA BOULEVARD MELBOURNE FL 32901 US	Name DEARDOFF R. BRUCE Street Address (P.O. Box Number is Not Acceptable) 509 EAST NASA BOULEVARD City MELBOURNE FL Zip Code 329011943

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE **01/09/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. 389,000.00	10. Amount of Capital Contributions in FLORIDA to date. 389,000.00	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION	13. ADDRESS CHANGES ONLY
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
DEARDOFF SANDRA M 509 E. NASA BLVD. MELBOURNE FL 32901	509 E. NASA BLVD. MELBOURNE FL 329011943
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
DEARDOFF R. BRUCE 509 E. NASA BLVD. MELBOURNE FL 32901	509 E. NASA BLVD. MELBOURNE FL 329011943
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **R B Deardoff** p 01/09/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)